



REGIONAL MUNICIPALITY OF WATERLOO FINANCE DEPARTMENT

150 Frederick Street, Kitchener, Ontario N2G 4J3  
Telephone: (519) 575-4400 Fax: (519) 575-4547  
Email: [accountspayable@regionofwaterloo.ca](mailto:accountspayable@regionofwaterloo.ca)

**VENDOR REQUEST FOR PAYMENT BY DIRECT DEPOSIT**

I request the Regional Municipality of Waterloo to directly deposit payment to the bank account specified below.  
The banking information provided will only be used by the Regional Municipality of Waterloo for the purpose of making payments.

**Vendor Information:**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*(Required for remittance advice transmission)*

**Bank Information:**

Bank Name: \_\_\_\_\_ Bank Tel: \_\_\_\_\_

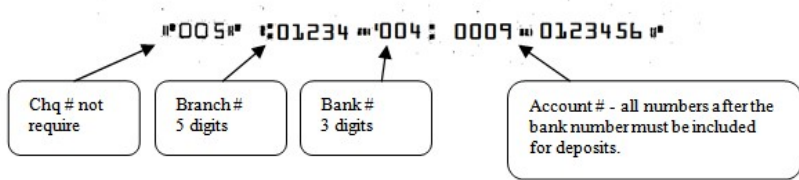
Branch #: 

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 Institution #: 

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 Account#: \_\_\_\_\_  
(5 DIGITS) (3 DIGITS) (MINIMUM 7 DIGITS)



I have authority to bind my company to this agreement.

Authorized Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

**A Void Cheque Must Be Included To Process Payment. If account is closed or changed, please notify the Region of Waterloo immediately at [accountspayable@regionofwaterloo.ca](mailto:accountspayable@regionofwaterloo.ca). The Region of Waterloo does not take responsibility if the information included on this form is incorrect when a VOID cheque is not included.**

**TO BE COMPLETED BY THE REGIONAL MUNICIPALITY OF WATERLOO**

Vendor ID#: \_\_\_\_\_ Date Connected: \_\_\_\_\_ Connected By: \_\_\_\_\_